

## **Private Vehicle Modifications**

**Definition:** Private Vehicle Modifications are modifications to a privately owned vehicle used to transport the waiver individual and any equipment needed by the individual which makes the vehicle accessible. Modifications to any government subsidized vehicle is not permitted. Private Vehicle Modifications may include consultation and assessment to determine the specific modifications/equipment needed, follow-up inspection after modifications are completed, training in use of equipment, repairs not covered by warranty, and replacement of parts or equipment. Private Vehicle Modifications may not be used for general repair of the vehicle. The approval process for Private Vehicle Modifications is initially determined by you based on the individual's needs as identified and documented in the plan of care, the consultation/assessment results (if applicable) and the availability of a privately owned vehicle that would be used for transportation on a routine basis. The criterion used in assessing an individual's need for this service are: 1) The parent or family member cannot transport the individual because the individual cannot get in or out of the vehicle; or 2) the individual can drive but cannot get in or out of the vehicle and a modification to the vehicle would resolve this barrier. Bids for the service are obtained and submitted along with documentation of the need to SCDDSN. The consultation/assessment does not require submission of bids. Each request is reviewed programmatically and fiscally before approval is given. The approval process is the same for any privately owned vehicle modification, regardless of ownership.

**Providers:** Private Vehicle Modifications must be provided by vendors who are either enrolled with SCDHHS as Durable Medical Equipment (DME) providers or enrolled with SCDHHS as Private Vehicle Modification providers.

Consultations/Assessments can be completed Licensed Medicaid enrolled Occupational or Physical Therapists, Medicaid enrolled Rehabilitation Engineering Technologists, Assistive Technology Practitioners and Assistive Technology Suppliers certified by the Rehabilitation Engineering Society of North American (RESNA), Medicaid enrolled Environmental Access/Consultants/contractors certified by Professional Resource in Management (PRIME) or by vendors whose qualification have been verified by the DSN Board prior to service authorization.

**Arranging for the Service:** Before proceeding with bid requests, the **Private Vehicle Modifications Fact Sheet (Community Supports Info Sheet-3)** must be given to the individual and/or legal guardian. The information included in this fact sheet should be explained fully.

Once the individual's specific need has been identified and documented in the Plan and it is determined that Private Vehicle Modifications is the appropriate service to meet the need, the scope of the work/specifications must be determined. This should be done in consultation with the individual and/or family and should define the expected modifications as clearly as possible. There are two ways to accomplish this task:

1. You can define the expected modifications by meeting with the individual/family, examining the vehicle, reviewing the modifications that are needed, and developing some parameters in writing to provide to the providers submitting bids. This is a crucial step to ensure that all requested provider bids are based on similar expectations.

**OR**

2. The expected modifications can also be defined by obtaining a Private Vehicle Modification Consultation. (The cost will count against the individual cost limit)

**Bids:**

- Any purchase up to \$2500.00 does not require securing competitive written bids.
- Any purchase from \$2500.00 to \$10,000 requires the verbal solicitation of three (3) written bids. A “no-bid” response is accepted as part of the solicitation process.
- Any purchase over \$10,000.00 requires the written solicitation of bids and the project must be advertised following the procurement policy.

The written specifications that are developed, either by you or by an independent consultant, must be provided to the providers when requesting bids and each provider’s bid must be based on the specifications. Furthermore, the individual will have to be present when the provider examines the vehicle.

**Please Note:**

There is often a problem with written quotes being more than sixty (60) calendar days old. Since the cost of materials increase regularly, a bidder may not honor a written quote after thirty (30) or sixty (60) calendar days. The Waiver Coordinator must assure all bids submitted to SCDDSN Central Office for review are current and valid. This may require contacting bidders for confirmation before submitting quotes to SCDDSN Central Office.

**If any change is needed with the proposed modifications (change in specifications) during or after the solicitation of written bids, the solicitation process must be stopped.** A written amendment of the specifications must be completed and sent to all potential bidders who received the original specifications, so each has opportunity to respond to the amended solicitation. All bidders must submit a written bid on the written amended specifications so we can assure bidding is on identical project requirements. A copy of the written amendment to the specifications and the subsequent bids must be submitted to Central Office for internal review.

**Private Vehicle Modification Consultations** are requested by entering the cost for the consultation onto the Waiver Tracking System under Private Vehicle Modifications (\$26). Consultations do not require the submission of bids; however, the cost cannot exceed \$600.00/consultation. Once approved, the consultation must be authorized using the **Authorization for Service (Community Supports Form VM-14)** which directs the provider to bill the local DSN Board. Consultations **cannot** be billed directly to South Carolina Department of Health and Human Services.

Once the scope of the modification has been determined and put in writing by you or independent consultant, a listing of available providers should be shared with the individual/family or the individual should be made aware of the qualifications for providers and asked to select providers to give at list three written bids. This offering of choice of provider must be documented in the individual’s file.

**Repairs:** If the need is for repairs, written specifications are not necessary. However, three bids must be obtained unless the needed repairs are less than \$2500.00. The same procedures outlined below apply to repairs.

**Obtaining Bids:** You should assist the family as needed in scheduling and arranging for at least three (3) written bids from providers. Three (3) written bids must be obtained and submitted to SCDDSN in accordance with State Procurement and SCDDSN Directive 250-08-DD for approval before any work can be authorized. If three written bids could not be obtained, you should submit any actual written bids received along with documentation to include a list of the providers the family requested written bids from whom did not comply. This issue will be considered when the written bids are reviewed and a decision will be made by SCDDSN Central Office, according to State Procurement, if these attempts can be considered a “no bid” and count towards the three bid requirement. If not, continued efforts will be needed to located three (3) written bids.

When a bid is received the **Acknowledgement of Bid Submission for Private Vehicle Modifications (Community Supports Form 61)** must be completed and forward to all Providers that submitted a bid. This communication notifies the provider that you have received their bid and they **cannot** proceed with beginning services without written authorization from you.

At the time the three (3) written bids are submitted, the costs for the modification/repair should be entered into the Waiver Tracking System (S26). In all cases, the lowest bid must be indicated. In all cases, the award will be made to the lowest responsive and responsible bidder. If a bid is submitted from a contractor that has been debarred by the State of South Carolina Materials Management Office, then the bid will be dismissed and a new bid will have to be obtained.

If the individual/legal guardian has communicated concerns and issues about using the lowest bidder that involve possible bad references, proof of faulty work, complaints from the Better Business Bureau, etc. you must submit in writing the reasons and concerns that the individual/legal guardian has about the provider. SCDDSN Central Office staff will examine this information and if legitimate, documented and substantiated concerns are noted, this information will be reported to the State of South Carolina Materials Management Office. The State of South Carolina Materials Management Office will review this information and if they concur the vendor will be debarred. However, this decision will not impact the use of this provider/contractor for this particular project.

Once the request for the modification has been approved on the Waiver Tracking System, the individual/legal guardian must review the **Private Vehicle Modification Project Agreement (Community Supports Form 61)**, agree to it terms and sign it before services can be authorized. Once the form is signed, you can authorize the service.

**Authorizing the Service:** If the chosen provider is enrolled with SCDHHS and wishes to bill Medicaid directly for the modification, the **Authorization for Services (Community Supports Form VM-13)** should be used. Include a copy of the authorized bid and the Private Vehicle Modification assessment (if applicable).

If the chosen provider is not enrolled with SCDHHS **or** prefers to bill the board for the service, the **Authorization for Service (Community Supports Form VM-14)** should be used. Include a copy of the authorized bid and the Private Vehicle Modification assessment (if applicable).

**Please note:** if the individual and/or his/her legal guardian desires private vehicle modifications above the individual cost limit and can secure external and separate funding for those additional modifications, they can **privately** contract with the same professional/contractor. Any additional work portion funded by the family or other outside resources cannot be a part of the DSN Board’s

written authorization. It must be a separate contract between the individual/family and their chosen provider.

**Monitoring the Services:** You must monitor the effectiveness, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service.

The following schedule should be followed when monitoring Private Vehicle Modifications.

- On site monitorship during the vehicle modification phase  
**AND/OR**
- On site monitorship of completed modifications to verify that the work is complete, adequate, and satisfactory to the family within **two weeks** of completion.

This monitoring will be considered complete when **one or more** of the following has been conducted:

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress notes submitted by a psychologist providing psychological services)
- Conversation/discussion with the recipient, recipient's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.
- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.
- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

Some items to consider during monitorship include:

- Has the modification begun? Is the individual satisfied with the work that has been done so far? Does the provider show the individual courtesy and respect when working on his/her vehicle?
- Once the modification is complete: Was the modification completed as originally prescribed?
- Is the individual satisfied with the end result of the modification?
- Is it functional?
- How has it made his/her vehicle more accessible and safe?
- Was he/she satisfied with the provider of the modifications?
- Are there additional needs that were included in the bid and the authorized modification that were not met by the provider?

**Reduction, Suspension, or Termination of Services:** If services need to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian. Include the details regarding the change(s) in service and the Reconsideration and Appeal Information. You must wait ten (10) calendar days before proceeding with the reduction, suspension or termination of the service. See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

**AUTHORIZATION FOR SERVICES**  
**TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN**  
**SERVICES**

**RE:** \_\_\_\_\_

/

## Address

**Prior Authorization #**    **C**    **S**              /          /          /          /          /          

### General Description:

Amount Authorized: \$\_\_\_\_\_

Date of Bid: \_\_\_\_\_ (Attach a copy of the bid and consultation if appropriate)

Repairs:

Amount Authorized: \$: \_\_\_\_\_

Consultation Amount Authorized: \$\_\_\_\_\_ (not to exceed \$600.00)

Service Coordinator/Early Interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services  
COMMUNITY SUPPORTS Form VM-13

Date \_\_\_\_\_

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO DSN BOARD**

**TO:** \_\_\_\_\_  
\_\_\_\_\_

**RE:** \_\_\_\_\_  
**Individual's Name / Date of Birth**

**Address** \_\_\_\_\_

**Medicaid #**    /    /    /    /    /    /    /    /    /    /    /    /

*You are hereby authorized to provide the following service(s) to the person named above. Only the amount authorized may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Private Vehicle Modification**

**General Description:** \_\_\_\_\_  
\_\_\_\_\_

**Amount Authorized: \$** \_\_\_\_\_

**Date of Bid:** \_\_\_\_\_ (Attach a copy of the bid and consultation if appropriate)

**Repairs:** \_\_\_\_\_

**Amount Authorized: \$:** \_\_\_\_\_

**Consultation Amount Authorized: \$** \_\_\_\_\_ (not to exceed \$600.00)

**REMIT BILL TO (Please print):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Authorizing Services**

\_\_\_\_\_  
**Date**



## **Mental Retardation/Related Disability Waiver**

### **South Carolina Department of Disabilities and Special Needs**

### **Private Vehicle Modifications Fact Sheet**

- Private Vehicle Modifications for people served through the Community Supports Waiver depend upon the individual's assessed needs and whether funding is available under the yearly monetary cap of \$10,282. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- Private Vehicle Modifications must be completed by a licensed provider and the provider must comply with all equipment warranty requirements.
- Three written bids must be obtained and the lowest bid used.
- Examples of appropriate requests for private vehicle modifications include wheelchair lift, tie down system, lowered floor or raised roof when necessary, and other modifications that facilitate entry/exit and interior movement, and to safely restrain a wheelchair during transit. Private Vehicle Modifications may include consultation and assessment to determine the specific modifications/equipment needed, follow-up inspection after modifications are completed, training in use of equipment, repairs not covered by warranty, and replacement of parts or equipment. Private Vehicle modifications may not be used for general repair of the vehicle.
- Resources are not sufficient to provide high-tech driving equipment and luxurious interior customizing, such as sound systems, VHS/DVD players, oak or teak trim work, extravagant seating, recreational accessories, etc.
- Routine maintenance and general repairs to the vehicle such tune-ups, engine/transmission servicing and parts replacement, air conditioning repair and replacement maintenance, tire care and replacement, painting, body work and batteries are the responsibility of the vehicle owner.

# S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

## ***COMMUNITY SUPPORTS WAIVER***

### **Private Vehicle Modifications Project Agreement**

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- 1) ☐ I understand that the requested private vehicle modifications are being funded with public money. This consists primarily of federal Medicaid funding and a smaller portion of state funding.
- 2) ☐ I have seen and agreed to the specifications for the private vehicle modification. I understand that only what is in the approved specifications will be provided and funded.
- 3) ☐ I understand that under South Carolina state procurement law, the requested private vehicle modification project must be awarded to the lowest qualified bidder.
- 4) ☐ I agree that I will not request or instruct the provider to change any of the approved specifications after the project is awarded.
- 6) ☐ I agree that any additional work performed by the provider must be separately negotiated between the provider and the owner and will be the sole financial responsibility of the owner.
- 7) ☐ I agree to work cooperatively with the provider to insure a positive working relationship during the course of the project.
- 8) ☐ I agree to be available during the project if the provider needs to take measurements of me or my wheelchair or ask questions to insure I will benefit from these modifications.
- 9) ☐ I understand that I must notify my Service Coordinator immediately if any unforeseen problems occur during the project.

I have read, understand, and agree to each of the above terms. I also understand that the requested private vehicle modifications cannot proceed without my signature below.

Signature of Community Supports Waiver Participant  
(if age 18 years or older)

Date

OR

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Homeowner

\_\_\_\_\_  
Signature of Service Coordinator/Early Interventionist

\_\_\_\_\_  
Date

SC Department of Disabilities and Special Needs

***Community Supports Waiver***

**Acknowledgment of Bid Submission for Private Vehicle Modifications**

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Community Supports Waiver Individual: \_\_\_\_\_

Service Coordinator/Early Interventionist: \_\_\_\_\_

The \_\_\_\_\_ (DSN Board/Service Coordination Provider) has received your bid in the amount of \$ \_\_\_\_\_ for private vehicle modifications that are proposed for the above named Community Supports Waiver individual. Your bid will be reviewed along with others submitted. If your bid is approved, you will receive written authorization from your Service Coordinator. **Under no circumstance should you begin work on these private vehicle modifications without written authorization from your Service Coordinator.** Community Supports Waiver funding cannot be used to pay for a service that was initiated or provided prior to authorization. If you have any questions, please do not hesitate to me at the number noted below.

Service Coordinator/Early Interventionist: \_\_\_\_\_

DSN Board/Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Original: Provider

Copy: File